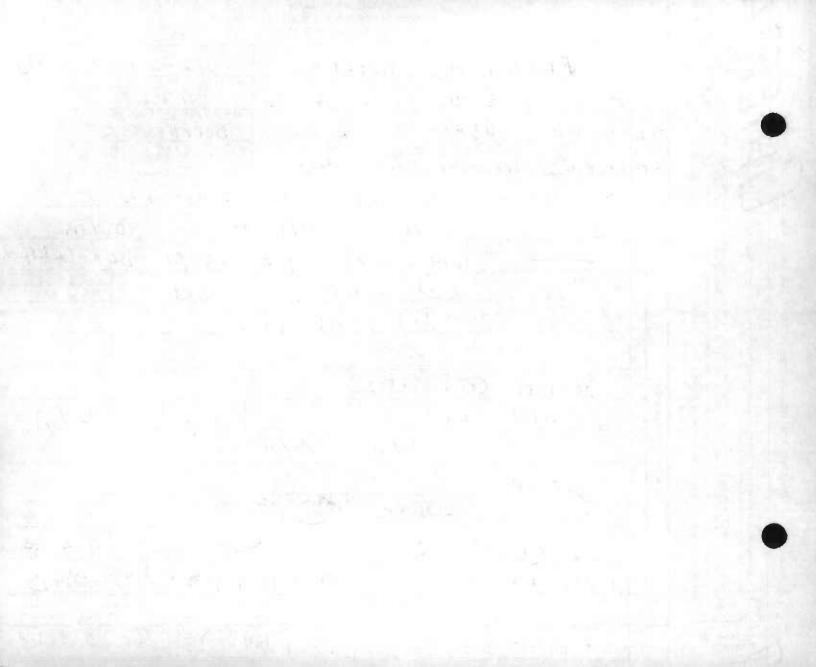
		Ample	
			A horas (not to the
			4
			10.00
0011337	INTERNATION NO		D. W. HAR THE D.
			136 T 4 R
9. II., C. (21 kg.)			
an design of the state of			
Bezuel Concyl effect		61 11 1818	isvane.
			ion (eranu relle.

	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALT				REG. NO.	3 2	7 :	5
	1. DECEASED NAM	E FIRST		WIDDLE		LAST				MONTH DAY	YEAR	2b. HOUR
1.60°	(TYPE OR PRINT)	Charle	s Edward	Bramble				OF .	ESTI-	_		- P "À
S S S S S S S S S S S S S S S S S S S	3. SEX	4. RACE	15. DATE OF BIRTH	6. AGE (IN Y	ARS IF U	NDER 1 YR. IF U	NDER 24 HRS	2c. DATE	WAILD 1	AONTH DAY	YEAR	2d HOUR
IS NO	Male	White	July 24	1909 74 Y	RS. MON	THS DAYS HO		PRONOUNG DEAD	Dec.	25	19 83	1:30
WITHIN 72 PRESTON		burg, Md.	76. CITIZEN OF W			RIED   NEVER	MARRIED		hester	COUNTY OF	DEATH	PWI MD.
10-90	Federal	sburg	Rt. 1,	SPITAL, NURSING HOM CLILITY, GIVE STREET ADDRESS) Box 2234		HER INSTITUTION	FOR	MOST OF WORK	ATION (TYPE OF ING LIFE) Sunsh	0	or industr	Y
33	USUAL RESIDENCE 130. STATE Maryland	136. COUN		13c. CITY OR TOWN Federalsb	,	13d INSIDE CITY LIN	NITS? 13e STI	REET ADDRES	s ox 2231	126	32	
70		nknown	MIDDLE	LAST		15. MOTHER'S FIRST		E	DDLE		LAST	
7	160. WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. ARA DWN) (IF YES, GIVE '	MED FORCES? WAR OR DATES)	220-07-03		Ruth Br		300 E	. Walnu			
AL CREMATION, OR REMOVAL	gave recause (o lying con	ns, if any, which se to immediate ) stating the <u>under-</u> use last.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TEN	OF OF	3	N IN PART 1 (a).				Pew M	lins.
DEPARTMENT OF HEAD	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION V	VAS PERFORMED	?				AUTOPSY?	75
3	210. EXTERN. UNDERLYING CONTRIBUTI	AL CAUSE WAS OR NG CAUSE OF E		MONTH DAY YEA	21c. H	IOW INJURY OCC	CURRED (ENTER	NATURE OF INJU	RY IN ITEM 18 PART		YES .	NO
4	UNDERLYING CONTRIBUTI 21d INJURY O WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET		CITY OR TOW	Ν	COUNTY		STATE
ALTIMORE, MARYLAND,	220. 1 cert deoth result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI 230. BURIAL, CREMA (SPECIFY)	fy that I took charg ed from: Natur  NAME Dr.  TION, REMOVAL 2	John Mac	20, Jr.	METERY C	Homicide TITLE (SPECI A.D. Deput ADDRESS 604  ADDRESS 604	Y MEC	Inquiry termined more	ner ,	0101120	12/29 (d. 21	613
MH - 17 5 ME (5) )	24 FUNERAL DIREC	TOR	Dec. 30, 19  ADDRESS	83 Hillcres Federals Home, 216	ourg,	Md. 25%	TORES DA	der a	ourg.	apolie		

the said court

/ .	١.	FOR STATE	D	EPARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG	BENE 3	3 3 2 7	6
9/201	L.	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	)	
(IVI)		CEASED NAME FIRST	HOLE M.	DL	1 50	2a DATE OF DEATH	29-83	26 HOUR GLA
	3 SE	NO FUR	A RACE	S DATE OF	BIPTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 2 HPS
ge 4 ector, urs aft	3 32	F	CAU.	MONTH 6	16 86	9-7		HOURS MIN
oth. Po		RTHPLACE STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	ESTER	
de thun thun		HOT CO. MD.	11. NAME OF HOSPITAL,	NURSING HOME OR	4.7 %	120 USUAL OCCUPATION		MD. BUSINESS OR
rs ofter filed wi	C	Ambride	De Rehester		Hosp.	(TYPE OF WORK FOR MOST OF	WORKING LIFE)   INDUSTRY	
bound of the poor	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)	34 INSIDE CITY LIMITS?	13e STREET ADDRESS		11/0/3
LAND 2 LAND 2 him 24 h		MD DORG	1 1 .	mbride	YES NO	1 8 HATS	AWAR Rd.	A Control of
RY with	14. F/	THER'S NAME	MIDDLE	AST	S. MOTHER'S MAIDEN NA	WIDDLE	LAST	
+ 0_	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCI	AL SECURITY NO. 1	7 INFORMANT	Mina ADDRE	S	4.4
BALTIMORE, cate be executed by sicion and copers. Pages vol.	(	res, no or unknown) (IF YES, GIV	WAR OR DATES)	-32-654	7 B.Bi	lanish RU	DGH-C	anholyt
ST., BALI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one couse per line for (a)	ond ic	- 0	0	APPROXIM BETWEEN OF	ATE INTERVAL SET AND DEATH
			E CAUSE (0)	CUR N	elas a	ullue		
PRESTON he death ce mo attendin motion, or r traumatic		2765	DUE TO, OR AS A CO	NSEQUENCE OF	milian			
PRESTO		Conditions, if any, which gave rise to immediate couse 101, stating the	(b)	so reio	JCBH CX F	<i>y</i>		
W. of the service of the cree cree		underlying couse lost	DUE TO, OR AS A COI	NSEQUENCE OF				
uires the signed to the plea a burlal, or o	,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	T RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PART 1(0)	
corporate prior to any inju	TIO	19a DATE OF OPERATION ,	19b CONDITION FOR	Cla CZ	)	Tan Autonova	201 IF VEC WERE SHIP IN	20.1105-
2 2 2 4 4	CERTIFICATION		AUIF	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	DEATH?
IAN. The physician inficate had in 18 shown in 18 show	GER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON	TH A DAY YEAR	TIL HOW INJURY OCCUR			
NOF NG PP Centificant rigiti	CAL	OR CONTRIBUTING CAUSE OF DEA	4111	FIG.	10/A			
PHYSix tending the burn he burn he burn he don the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		II LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		22a. I certify that (I) (this hospi	tal) attended the deceased	ld-nm h	2112 10 03		19 th	
R ATTEND haspital a RECTOR: A RECTOR: A red for use ept. af Heal		sow the deceased alive on above, (1) (we) (did) (did no	12.	19 X 2 and	that in (my) (our) apinion	death occurred on the do	te and hour and from the ca	ot (1) (we) lost ouses stated
OR e ho		22b. SIGNATURE	-0 00		GREE ATTENDING	MEDICAL STAF	22c. DATE SI	GNED
SPITAL d by th NERAL be dete e State		22d. PHYSICIAN'S	MULL	V I	PHYSICIAN [	MEDIGAL STAF		3.83
OR Ball		Q1001116	E		40cm	andad	ATE. 21	65
refo	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEM	NETERY OR CREMATORY	23d LOCATION CITY OR TOWN	7.00	
BP		Burial	1-3-84	Spring	Hill Cemen		on Talbot	Marvla
DHMH - 16 60M 1/75	24 FU	INERAL DIRECTOR	AOD	Easton, N	25a. DAT	RECE BY REGISTRAR 2	56. PEOISTRAR'S SIGNATU	
(VR A 15 (4))	1	Newnam Funer	al Home I	Easton, M	Id. JA	11 1904	Common C	much



7 17	FOR			DEPARTMEI	STATE OF NT OF HEAL	MARYLAN		GIENE	3 3	2. 7	1	
1-	REGISTRAR		ME	DICAL EX	AMINER'S	CERTIFIC	CATEO	DEATH	REG. NO.			
	ECEASED NAME (PE OR PRINT)	Alvir	ı Le	MIDDLE	Cre	ighton	1	20. DATE OF DEAT	KNOWN X ESTI- H MATED	12-1		26. HOUR
3. SE	male	white	5. DATE OF BIRTH	YEAR L	GE (IN YEARS IF	UNDER 1 YR.	IF UNDER 2	4 HRS. 2c. DA MIN. PRONO DE	UNCED -	MONTH DAY	1083	2d. HOUR 3:20
7a. E	OREIGN COUNTRY)	ATE OR	76. CITIZEN OF WI		8. MA	RRIED   NE	VER MARRIE DIVORCE	о Ц	MORECITY OR	COUNTY OF		PWI
111	Cambrid		11. NAME OF HOS	PITAL, NURSIN CILITY, GIVE STREET Blasgot	G HOME, OR C ADDRESS) V St.	THER INSTITU	TION	12a USUAL OCC FOR MOST OF W	OPKING LIFE)	rator	KIND OF BUSTR	SINESS RY
	IAL RESIDENCE ( STATE  Md.	IF IN NURSING HOME OR 136 COUNT Dorch		13c. CITY OR		13d. INSIDE (I	ITY LIMITS?	130. STREET ADD	) Glasg	ow St	.216	13
	AMOS	Hal]	MIDDLE ie	Crei	ghton	F	er's MAIDEN	NAME	MIDDLE	Lew	LAST	
160.	WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. ARM	ED FORCES? AR OR DATES)	16b. SOCIAL	7-9315	Jud		ody 602	ADDRESS 2 Glasg	ow St	. Car	mb.
AL CREMATION, OR REMOVAL.	Candition gave rise cause (a)	s, if any, which to immediate stating the under-	BY: CAUSE (a) R DUE TO, OR (b) DUE TO, OR (c)	upture AS A CONSEQ AS A CONSEQ	aneur UENCE OF UENCE OF						ew M 1	
MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFOR	MED?			20	AUTOPSY?	NO 🛣
AL CERT	210 EXTERNAL UNDERLYING CONTRIBUTIN	_		MONTH DA	YEAR	HOW INJURY	OCCURRED	LENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	YES	NO IA
MEDICAL	21d. INJURY OF WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE ( STREET, FACT	OF INJURY (AT FORY, FARM, ETC.)	номе, 21f. I	OCATION STREET		CITY OR	TOWN	COUNTY		STATE
2		y that I taak charge d fram: Natura	I causes X,	cribed abave, h	eld an Aut , Suicide [	TITLE (SI	PECIFY)	Undetermined  _MEDICALEXA	manner ,	DATE SIGNED	12/13	/83
BALTIMORE, MARYLAT		ION, REMOVAL 23		23c. NAM	of CEMETERY  Mem	OR CREMATO		123d LOCATION		Dor.	Ħď.	ATE
~	FUNERAL DIRECT		ADDRESS		IDGE M		DEN 1	9 1983	PRINCIST		in	\$

the same of the sa and the second of the second o . Com the state of the state of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN TO 2a. DATE 2b. HOUR JOHN ROSS DAVIS (TYPE OR PRINT) OF ESTI-John! P 12015 DEATH MATED 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. 6. AGE (IN YEARS JE UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED CAU. MAY 20,, 83 MALE 3,1940 43 Dec. DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY! MARYLAND U.S.A DIVORCED WIDOWED DORCHESTER O. CITY OR TOWN OF DEATH 12n. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY DORCHESTER GENERAL HOSPITAL CAMBRIDGE FARM WORKER AGRI CULTURE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION).
130. STATE 13b. COUNTY 13c. THEY DECLETE 13c. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND DORCHESTER CAMBRI DGE YES O BOX 65 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE JOHN XX MATTHEWS DAVIS ELI ZABETH MILLS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion i'ew DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: X X Inquiry X 22a I certify that I took charge of the remains described obave, held on Autopsy Inspection and in my apinion death resulted fram Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 12/21/93 Deputy SIGNATURE MEDICAL EXAMINER AFTER DEAT EXAMINER'S NAME John Mace Jr. M.D. Cambridge. Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURTAL DEC. 23.1983 ST. THOMAS CHURCH CEM BP. BISHOP'S HEAD, DORCHESTER 24. FUNERAL DIRECTOR ADDRESS Cambridge, Md. 21613 25a. DATE REC'D. BY REGISTRAR **DHMH-17** CURRAN FUNERAL HOME. 308 High St., (VR A15 ME (5) 15M 2/80

. As a file of the same of the COME SEE MALES MAND MESSAGE MESSAGE AND SEED OF SEED MAND SEED OF SEED enter would be a large of the second of the

AND CONTROL OF THE

المارجة الأول من عملان المالاة بالمارية بالماركة المارية الماركة المارية 21012 Mu. 5 12 12023 JUNEAU SARRAM RULL, JUN HARMES MANUL

1	1		DIVISION OF VI			DEPARTMENT OF RESTON STREET, BAL		ADVIAND 210	Žn. 2	7 9	
\$						ATE OF DEATH	rimone, in	ARTIAND ZIS	NO ( Same		
- 2 E		DECEASED-NAME Fi	irst	Middle		Last	2a. DATE				2b. HOUR
		Mar	AUGT	JSTA	Haf	erKorN		Month /2	Day	Yeor 3	95 M
健 州江	3. S	EX	4. RACE			5. DATE OF BIRTH		6. AGE (In year		NDER 1 YEAR THS DAYS	IF UNDER 24 HRS.
EST SE		temale	White			07-01-	1882	10st bilthdoy	YRS. MON	IHS DATS	HOURS MIN.
10 de 25	/a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9. COUNTY (	OF DEATH			
filled filled thin 24	10	CITY OR TOWN OF DEATH	U.S.A	OF HOSPITAL OR INST	WIDOWED [		Dor	chesto			Md.
icate be executed within 20 risician and completely filled please remove carbon pop 1, and 10 any event, within 1		2ambridge	give stree	et address)	31 Gien	burn Arc during n	ACHERICAL OCCUPATION	N (Kind of work	done I	26. KIND OF B NDUSTRY OOLS	RET.
ecuted with completely ove carbon y event, with	13a. adm	USUAL RESIDENCE (Where declission) STATE MD	eased lived, if institution:	Residence before	136. CITY OR	TOWN 13d. INSIDE CITY	LIMITS? 13e.	STREET AND NUMB	ER		
xecc mov nny e	14.	FATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME	-	Rt 1 Bo		216	
an ond co		Gust	av	Haferko	un		sannal	n. Mid		Anger	meyer
physician en pleose oval, and	160	. WAS DECEASED EVER IN U.S. A Yes, <u>na</u> , or unknown) (If yes gr	ve war or dates of service)	o. SOCIAL SECURITY NO. 20-44-6		arie O Kee	fe k	Addi	ress Co	porida Hall	z, Md
e deoth ce attending permit. Th		4409	ISED BY: DIATE CAUSE (0)	or (o), (b), and (c).) THERU S C CONSEQUENCE OF	LERO	218				APPROXIMA BETWEEN ONS	ET AND DEATH
equires that the physicion. signed by the burial-transit i		Conditians, if ony, which gov rise to immediate cause (a stating the underlying caus	), ( (b)	CONSEQUENCE OF	10.00						
equires the physicion. signed by buriol-tron buriol-tron buriol-tron buriol-tron buriol-tron buriol, crer	0	last.	(c)								
The law requires the ottending physicion. hos been signed by se as the buriol-tro. It prior to burial, cre	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIV	'EN IN PART 1(a)			
IAN: The law retal are of a straight of the st	CERTIFICATION	19o. DATE OF OPERATION 19	Pb. CONDITION FOR WHICH	OPERATION WAS PERI	FORMED	20a. AUTOPSY?  YES NO	CALICI	IF YES, WERE FINDI	INGS CONSID	ERED IN CER	TIFYING
ician: pital ar intificate ad for u of Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, natify medical example)	HOUR A.M. M. M. P.M.	enth Doy Year		W INJURY OCCURRED (Ente	r noture of inj	ury in Part 1 or Pa	art 2, Item 1	18.)	
DING PHYSICIAL by the hospito Affer this certificate be detached for State Dept. of E	W	While Nat white at wark	Ton	se obligino, erc.		ATION Street or R.F.D. No.		y or Tawn		unty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health			this haspital) attended alive an // ve (1) (we) (did) (did	the deceased 29 19 nat) view the b	fram 3, and ady after de	that in (my) (aur) apeath.	inian death	accurred on the	., 19 <u>83</u> ne date ai	, that ( nd haur ar	() (we) last ad fram the
PITAL OR ATTENI moy be retained RAL DIRECTOR: A r, page 3 should be filed with the		22b. SIGNATURE  Viclosel ( 22d. PHYSICIAN'S	a. luos	Lewie	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE :	3/83	613
O HOSPIT Poge 4 mc O FUNERA director, p	00			10SKBD1		603 B	yen.		m/3R		Md
Poge TO FL dire	230.	DEMOVAL (C C )	DATE 12/6/83	23c. NAME OF CE		rematory se Cem.		ON (City or Tawn)	,	unty) Md.	(State)
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR  Half Home 7	oo fout to	- Cambo	Sec. 1	2Sa REC'D B	registrar 1983	256. REGIST			

	1.	FOR - STATE REGISTRAR	DEP	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 3	3 2 8 0
ov be		CEASED NAME FIRST EN N	MIDOLE M.	HA	NNAH	2a DATE OF DEATH MONTH	7-83 8 A M
Pope 4 m		Femile IRTHPLACE (STATE OR FOREIGN	CAU.	S. DATE C	21 97	6. AGE (IN YEARS LAST BIRTHDAY)  9 BALTIMORE CITY OR COU	
ter death.  The funeral within 72 lead and and and and and and and and and a	10. C	COUNTRY)  PENINGS / WANIA  ITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY GIVE S	WIDOWE C	OR OTHER INSTITUTION	DORCHEST	TER COUNTY MD 126. KIND OF BUSINESS OR
y filled in by the should be filled	USU 130.	AL RESIDENCE (IF NURSING HOLE) STATE  Md.	Dorchester Ge	BEAL H	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 520 Glenbur	21/2/3
completely fill and 2 should be a should b	14 F	ATHER'S NAME FIRST  FLAM	MIDOLE LAST	CALF	YES NO NO STATE NO ST	WE	ouch taling
Poges 1	16a \	No	208-1	ECURITY NO.	17 INFORMANT Ethe	l Lobleigh Res 184	Hudson St.
n certificate b ding physicia orbon popers. or remavol.		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	1017/1	Johns 75	son City,N.Y.13	790 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  2///CC/KS
hot the deotl by the otten ase remove c I, cremation, other traums		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) Rups	QUENCE OF	of absc		2 weeks
equires the named by Then pleas r to buriol, injury, or o	NO	PART 2 OTHER SIGNIFICANT (	(c) 9/11 CONDITIONS CONTRIBUTING	TO DEATH BUT	7 - 7 - 7 - 7	IN AL DISEASE OR CONDITION	GIVEN IN PART 110
N: The low raysicion. cate has bee consit permit. Hygiene prio	CERTIFICATION	19a DATE OF OPERATION  NOV 29/983  21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATIO		YES NO NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
HYSICIA ading ph nis certifi buriol-ti I Mentol	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M.  21e. PLACE OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	
ENDING Political or after the use of the Health and is marked	W	WHILE NOT WHILE 22a.1 certify that (1) (this hospi	7) -7	mNev	STREET 29 19 3	_, to flec-	COUNTY STATE  19
ALOR ATTER the hospital the hospital to DIRECTO to Disperse to Dept. of the Dept. of the Dept. of the Disperse to		sow the deceosed olive on obove, (I) (worldid) (dud no 22b. SIGNATURE	Survey the body alter death.		DEGREE ATTENDING	death accurred on the date and	haur and from the causes stated  22c DATE SIGNED  Dec 7 168 2
retained by th TO FUNERAL should be deto with the Siate I		22d. PHYSICIAN'S NAME (TYPE O	Burden	1/2	22e ADDRESS 4 Combridge	PHYSICIAN D PHYVIA - Le 1914 2	57-1613
BP		SPECIFY) REMOVAL	12/7/83	3c. NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	4 (	NERAL DIRECTOR  Anatomy	Board	ss Balt	o., Md. PEC	1 9 1983	SISTRAR'S SIGNATURE

520 Glenburg Aves. aphredus : Cambridge Ithel Cobletch 184 Hudson St. Johnson City, N.Y. 13780

41	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO	3 3 2 8 1
1 51		CEASED NAME FIRST OR PRINT)  OLICE	Martha H	ornbacher	26. DATE OF DÉATH	MONTH DAY YEAR 26. HOUR 12-2-83 7:00 PM
	3. SE	emale	white	ANONTH 1879	6. AGE (IN YEARS LAST BIR)	MONTHS DAYS HOURS MIN.
	1	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Porch	RCOUNTY OF DEATH DESTER MD.
201 urs offer by the f	C	ambridge	11. NAME OF HOSPITAL NURSIN	ADDRESS	TYPE OF WORK FOR MOSTO	ON 126 KIND OF BUSINESS OR INDUSTRY HOME
LAND 21  LAND 21  in 24 ho should be should be for must b	M	STATE 1 134 COUN	other institution, give residency before NTV Ches Ten Church Church	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	21622
E, MARYI		A LOOPS H	MED FORCES? TIBE SOCIAL SECU	n UNKN	OWN	Dispension Park Dr.
e be execut cian and co ers. Pages 1 I.		YES NO UNKYOWN) (IF YES, GIN	(E WAR OR DATES) UN KNOW	N Robert Ste	rling Sali	Sbuy Snul 21801  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
N ST., BA certificate ing physic rbon pope or removal		PART I. DE ATH WAS CAUSE	TE CAUSE (o) CONGES	TIVE HEART F	AILURE	WEARS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician and completely filled in by as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill th and Mental Hygiene prior to burial, cremation, or remaval.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) GLIVERALI  DUE TO, OR AS A CONSEQUE	ZED ATHEROSC	LEROSIS	YEARS
been signed mit. Then ple price to buring.	CERTIFICATION	PART 2. OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1 (a
TAL REC	TIFIC	DATE OF OPERATION	199. CONDITION TOX WHICH	OF ERATION WAS TEN ORMED	YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SICIAN: T ong physici certificate urial-transi item 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DZ	19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART ?)
NG PHY r ottendii (fter this os the bu th ond M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WINE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC.) 211. LOCATION	CITY OR TO	WN COUNTY STATE
ATTEND ospitol o ospitol of for use of heo m 21 is m			tol) ottended the deceosed from 11 A 9 19 8	3 , and that in (my) (aur) apinion DEGREE	death occurred on the de	the ond hour and from the couses stated  22c. DATE SIGNED
by the h by the h ERAL DIR e detache State Dep		Muchael Q -	Uroskowic	ATTENDING PHYSICIAN C	MEDICAL STAF	F _ 1-1-102
TO HOSPITAL of retoined by the TO FUNERAL I should be deton with the Store E IMPORTANT: H	22	MICHAEL A.	Moskewicz	10 503 B	GRN ST.	CAMBERGE MO
ВР		BUNAL BUNAL	1236.04 83 02			Creek por Mid.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	INERAL DIRECTOR BOUR	Ids SALISADRESS	1.Md 2180/ DEC	ERECID BY REGISTRAR	Sh AEGISTRAR'S LIGHTINE

There is a first the first of the first of the first of the first But the property of the second of the second

	FOR	DEPART	STATE OF MARYLA		3 3	2 8 2
	STATE REGISTRAR	MEDICAL	<b>EXAMINER'S CERTIF</b>	ICATE OF DEATH	H REG. NO.	
	CEASED NAME FIRST PE OR PRINT) Fred	Douglas	Johnson,	Tree	DATE KNOWN   MO OF ESTI- DEATH MATED   1	2/25 B3 ?
3. SE)	Male Negro	5. DATE OF BIRTH MONTH DAY 8/3/1925	6. AGE (IN YEARS IF UNDER 1 YR LAST AIRTHDAY) MONTHS DAYS  YRS.	R. IF UNDER 24 HRS. 2c. HOURS MIN. PRO	DATE ONOUNCED 12/2	NTH DAY YEAR 2d, HOU 28/ 183 LOA
FC	IRTHPLACE (STATE OR DEEGN COUNTRY)	78. CITIZEN OF WHAT COUN	MARRIED 1	NEVER MARRIED . 9. E	Dorcheste	
E	ity or town of DEATH ast New Marke	et (IF NOT IN SUCH FACILITY, GIVES		FOR MOS	OCCUPATION (TYPE OF WI T OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
13a S	AL RESIDENCE (IF IN NURSING HOME OF TATE Md. 13b. COUN	NTY 13c CITY		ECITY LIMITS? 13e. STREET	ADDRESS R F D	2/63/
I.F		uglas Johnso	n. Sr. Em			LAST
{Y	es WW	2 246	-/8-8383 De	RMANT lores John	ADDRESS LSON Cambr	ridge, Md.
7	Conditions, if any, which	TE CAUSE (a) Hypot DUE TO, OR AS A CON	hermia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	gave rise ta immediate cause (a) stating the <u>under-lying</u> cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A CON	ISEQUENCE OF	TION GIVEN IN PART 1 (d)		
ATION	190. DATE OF OPERATION		WHICH OPERATION WAS PERFO			ZD. AUTOPSY?
CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	ZIC HOW IN IUI	RY OCCURRED (ENTER NATU	JRE OF INJURY IN ITEM 18 PART 1	YES NO
MEDICAL C	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.  21e. PLACE OF INJURY	DAY YEAR			
ME	WHILE AT WORK	STREET, FACTORY, FARM, E	TC.) STREET		ITY OR TOWN	COUNTY STATE
		ge af the remains described about a couses , Accident	X, Suicide Hor	micide . Undeterm	Inquiry <b>X</b> , and in m	ny apinian
2	ACTUAL SIGNATURE	mym	M.D. De			ATE 12/29/83
730 B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL)	John Mace Jr	ADDRESS			
{5	Burial UNERAL DIRECTOR	- 4 401	A. Cemetery	CITY OR TO	4 - 1 - 2 - 10	COUNTY STATE
1	NAME	ADDRESS		111110000	TA TO COLOR	- Flesofort

The state of the s The Bull Colored Colored Colored Company Company Dist. trice 150 spall many to we . The state of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2h HOUR 1. DECEASED NAME 2a. DATE OF DEATH MONTH DAY YEAR LIVPE OR PRINTS 10-20 AM on IF UNDER LYEAR 4 RACE IF UNDER 24 HR 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Blac 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED OWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AMBRIDGE Dorchester General Tire ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? P.O. Box 800 Eastern Share AMBRITY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE JOH ones ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! 219032152 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Q) Conditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB. PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on De 7 and that in (my) (and apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (dit) mit evythe body after death 22b. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN should be der with the State IMPORTANT: 22e ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOPATION 23b. DATE ITY OR TOWN COUNTY STATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ADDRESS (VRA 15, 4)

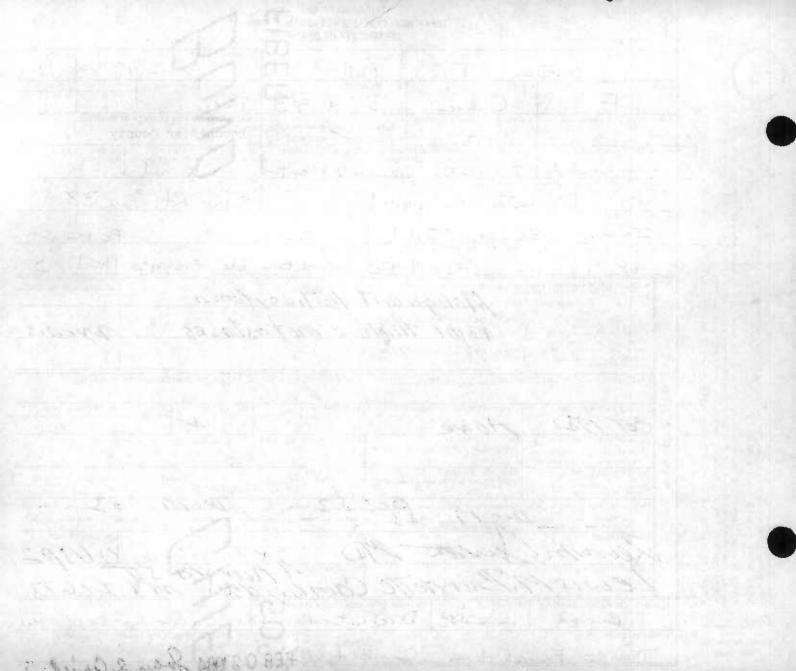
The state of the s September of the continued My Tryle vega Farture . Idea The facilities of desired on a fine that Son to by Sangeone right feet 60 18 25 1 4 do gon a 0101 9017 33 11519 53 818/1955 the market and a second of the way Lewist But 3-12 Commercial 420 rate 42 FEBOSERA John & Comme

X	1-	FOR STATE REGISTRAR				MENT OF	HEALTH	AND MENTA		ATH	3 . . NO.	3 6	
E.S. S. F. F. T.		CEASED NAME	illia		MIDDLE			Lankfor		2a. DATE KNOWN OF ESTI- DEATH MATED	MONTH	-10 year 83	2b. HOUR 3PM
PIEA MECTO M	3. SEX		hite	5. DATE OF BIRTH	12	6. AGE (IN YE)	MONTH		DER 24 HRS.	2c. DATE PRONOUNCED DEAD	12	-10-83	2d. HOUR
	FS	RTHPLACE (STATE O		76. CITIZEN OF WI	HAT COUN	TRY?	8. MARRI WIDOW	-	ORCED		cheste	er	MD.
DELAY IS TO THE A PAGE BE FILED	I	TY OR TOWN OF D Furlock		II. NAME OF HOS (IF NOT IN SUCH FA Taylo	or A	reet address)		ER INSTITUTION	Fa Fa	MOST OF WORKING LIFE)	(TYPE OF WORK	OR INDUSTI Retir	SINESS RY ed
21201 . IF ANY DEL. 2. AND 3 TO 3. RETAIN P SHOULD BE SHOULD BE	13a. S	AL RESIDENCE (IF IN I	Dorc	nester		CTOCK	ON)	13d. INSIDE CITY LIMIT YES 🔼 NO	O Ta	ylor Ave	enue	21643	
PEATH. 1 DEATH. 1 GES 1, 2, M PM 3. A ND 2 S		George		Albert		nkfor		15. MOTHER'S M.	ra.	MIDDLE		ean LAST	
BALTIMORE, MD URS AFTER DEATH 18. GIVE PAGES 1. WITH FORM PM IT. PAGES 1. AND 2. CONTROL OF VITA	(Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) O	(IF YES, GIVE W	/AR OR DATES)	201			Mildre	d Lar	kford Ca		ce St. dge, MD	
ESTON ST HIN 24 HC IN ITEM R ALONG SIT PERM HYGIENE		PARTIDEATH  Gonditions, if gove rise to	ony, which	BY: CAUSE (o)	Co			clusion				BETWEEN ONSE	T AND DEATH
I RECORDS, 301 W. PR. UID BE EXECUTED WIT "PENDING" IN PENCIL EF MEDICAL EXAMINE SED AS A BURIAL: RAN HEALTH AND MENTAL	Z	cause (a) static	it.	(c)		SEOUENCE C		DR CONDITION GIVEN I	IN PART 1 (a).				
SHOULD BE BORD THE WENDING THE WENDING THE WENDING TO BE AS	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY?	NO <b>х</b> х
DIVISION OF VITAL CERTIFICATE SHOUTING THE WORD TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF	MEDICAL CER	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DE	EATH P.M	. MONTH	DAY YEAR			IRRED (ENTER	NATURE OF INJURY IN ITEA	A 18 PART I OR PA	RT 2)	7,31
VAI VAI VAI	MED	21d. INJURY OCCU WHILE DO AT WORK AT		21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,		CATION		CITY OR TOWN	со	UNTY	STATE
EXAMINER CERTIFICATION OF FORD		220. I certify tho death resulted fro ACTUAL SIGNATURE		of the remoins des	Accident		Autops	y <b>x</b> , Inspe Homicide TITLE (SPECIFY D. <b>Deput</b> )	Unde	Inquiry , termined manner .	ond in my of , DATE SIGNI	pinion	<b>/</b> 83
MEDICAL ECUTE THE GE 4 SHC FUNERAL TER DEATH		EXAMINER'S NAM (TYPE ORPRINT)		Mace J	r			ADDRESS_ CE		dge, Md.			
Bb——— TO T	B	JRIAL, CREMATION, PECIFYL UTIAL JNERAL DIRECTOR		12-13-8	3 E:	astNev	wMar	ketCem.	E.T	CATION IEW Marke			ATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	Z	erler Fu	meral	Homeopress'	East	New I	Mark	et, MDE	3 1 5	y registrar 1983	EGISTRAR'S	Cohuly	닷컴,

xx 10-10 83 32			Vergla		
2-10-65 1.3					
1 4 6/10					N. A.L. V. T. B.
	20.50				Land Land
Jeula sams			180220	L neverica	
To meas Owner of Total	brokins	barel 1 Derblid	######################################	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	ladres l
.all was		nologile:	or chert he		
				×	
		- Vorden			
	LM , ogbl	rdineo		, T. aball III.C.	
0.1000		1 . 19004	12 15 1 2	51-EI-BI	Larry
ALANIA		110	TELL VOLUTE	ed , such isr	our Talias

	lı.	FOR STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE	004	0 0
	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
e 3	1. DE	CEASED NAME FIRST	MIDDLE	O · MESSICK	DEC.	AP 198	1100
	3 SE	FEMAL-	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
(MX)	70. BI	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O		н
	10. CI	M) Con Letoro		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATI		ME ND OF BUSINESS OR
4		MBRIDGE	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	R GENERAL	HOTIQUE	DEALER INDUS	TRY /-
filled in hould be	130. 9	MD. 13b COL	UNTY 13 CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS CHOUER	DAKE F	ARMS
090	14 FA	ATHER'S NAME FIRST UNKNOW	MIDDLE LAST	15 MOTHER'S MAIDEN NA	2NOWN MIDDLE		LAST
and co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC		ADDRE	SS 11	Λ
1000		18 CAUSE OF DEATH (Enter	anly ane cause per line far (o), (b), o	ENOTI NOKMAN	M' WEZ	SICK, HU	PROXIMATE INTERVAL VEEN ONSET AND DEATH
e corbor		4100	DUE TO, OR AS A CONSEOL	JENCE OF			u 26 min
1011		Conditions, if any, which gave rise to immediate	(b) MyDean				
ed by the of please remov- nol, compati or other train		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	lial infarction			
n signed by the dit Than please remove the buriel, compile injury, as other than	NOI	gave rise to immediate cause (a1), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	teal infarction	MINAL DISEASE OR CONI	DITION GIVEN IN PAR	T liai
e has been signed by the at- tipermit. Then please remov- sine prise to barriol, competing they are other title.	THICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO	lial infarction	200 AUTOPSY?	DITION GIVEN IN PAR  200. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
commons has been gived by the off distribution and the please remov- into Property prierra barriol, comodif- tem 18 shows they injury, or other than	CAL CERTIFICATION	gave rise to immediote cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH CONDITION FOR WHICH CATH HOUR A.M. MONTH DECENT	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
ter this certificate has been signed by the att is the burish earlif permit. Then please removi nood Membol Pygens priar to buriol, compatitived or them 11st shoes any injury, as other 11st	MEDICAL CERTIFICATION	gave rise to immediote cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH CONDITION FOR WHICH CATH HOUR A.M. MONTH DECENT	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NOT	20b. IF YES, WERE FIN IN CERTIFYING CAU YES   RY IN ITEM 18 PART 1 OR PART	NDINGS USED ISES OF DEATH? NO [
108. After this certificate has been signed by the att to use as the burishment permit. Then please removed Health and Mental Prygette prier to barriol, connecting of Health and Mental Prygette prier to barriol, connecting	100	gave rise to immediote cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE SOW THE CONTRIBUTION OF THE CONTRIBUTI	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, IN THE PLACE OF THE PLA	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY?  YES NOT  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FIND CERTIFYING CAU YES  RY IN ITEM IS PART LOR PART WN COUNTY	NDINGS USED USES OF DEATH? NO   STATE
L DIRECTOR: After this certificate has been conted by the off effected for use as the burisd-fronting permit. Then please removing Dept. of Medith and Mental Propersipping princip principle. In marked or Bern 18 shows timy injury, at other training the property of the p	100	gave rise to immediote cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE SOW THE CONTRIBUTION OF THE CONTRIBUTI	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	JENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  JAY YEAR 19 211 LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO  death accurred an the do	20b. IF YES, WERE FIND CERTIFYING CAU YES  RYIN ITEM IS PART LOR PART WN COUNTY the and hour and from 22c. D.	NDINGS USED USES OF DEATH? NO []  STATE
	100	Gave rise to immediote cause (at), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK ☐ NOT WHILE ☐ AT WORK 220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did   (did not above, (1)) (we) (did not above	DUE TO, OR AS A CONSEQUENCE OF THE PRINT OF	JENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  JAY YEAR 19 211 LOCATION STREET  ATTENDING PHYSICIAN [ 22e ADDRESS	200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO  death accurred an the de	20b. IF YES, WERE FIND CERTIFYING CAU YES  RYIN ITEM IS PART LOR PART WN COUNTY the and hour and from 22c. D.	NDINGS USED ISES OF DEATH? NO []  STATE  the (I) (we) last the causes stated
	MEDICAL MEDICAL	gave rise to immediote cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did1 (did 17). SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH CONDITION FOR WHICH CATH HOUR A.M. MONTH DEPARTMENT OF PRINTING OF PRINT	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c HOW INJURY OCCUR 19 21t LOCATION 5TREET  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO  death accurred an the do	20b. IF YES, WERE FIND CERTIFYING CAU YES  RYIN ITEM IS PART LOR PART WN COUNTY the and hour and from 22c. D.	NDINGS USED ISES OF DEATH? NO []  STATE  thor (I) (we) last the causes stated

THE RESERVE THE STATE OF THE PROPERTY OF THE THE BOTH A DISTRICT OF THE PARTY OF THE PART The state of the s AND CARLES COUNTY WITH THE PARTY OF THE PART

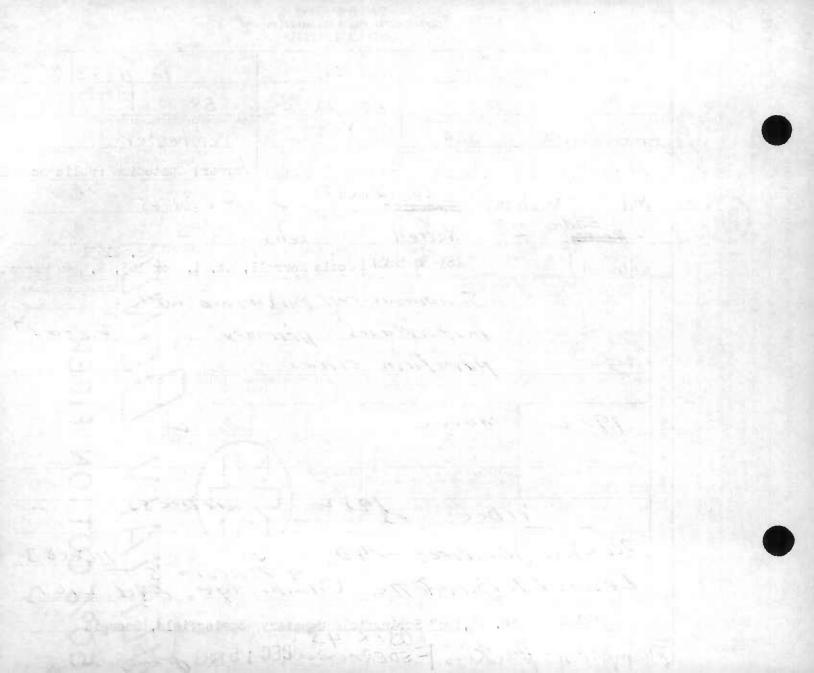


FOR

- STATE

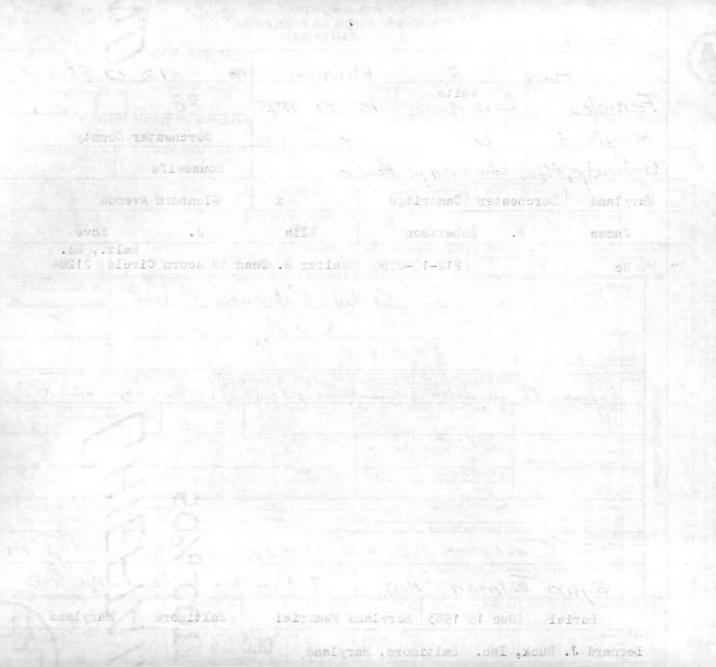
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

STATE OF MARYLAND



executed

certificate be

in the same of the	
	1
tor, page	100
ath. Pogerol direct 72 hours	17
offer dec	-
24 hours after death. Page 4-may be filled in by the funeral director, page ould be filled within 72 hours after deat must be natified at once.	ł

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.			
DATE OF DEATH	MONTH	DAY	TEAR	

	1 - STATE REGISTRAF			DEPARTA		EALTH AND I		GIENE	0	REG. N	10	-		9	
t	. DÉCEASED NA	AE FIRST RC	NA '	MAE MAE	L	AST PHT L	J PS	2a. D	ATE OF	DEATH	нтиом	DAY	YEAR.	75 110	UA .
	(TYPE OR PRINT)	RONA	n	AE	Pt	ILLIPS				12	-21	_			:20 Am
	SEX		4 RACE		5. DATE C		YEAR	6. AG	E (IN YE	ARS LAST BI	RIHDAY)	# IINDE	DAU	# CHICK	R Salvers
	FEMAL		CAU.		FEB		1893		0		YRS				
5	OUNTRY)			WHAT COUNTRY?	MARRIEI	D NEVER	AARRIED -	1				TY OF DE	ATH		
di	MARYLAN		U.S.A.		WIDOWE		VORCED	4		HEST					MD.
3	CAMBRI D		ATE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I STER GENE	ADDRESS)			(TYPE	OF WORK	OCCUPAT FOR MOST (	OF WORKING		KIND OF SUSTRY	F BUSIN	NESS OR
5	USUAL RESIDENCE 130. STATE MARYLAN	A COU		GIVE RESIDENCE BEFORE 134 CITY OR TOW FISHING	N	13d. INSIDE C	ITY LIMITS?				ZIP CO		21	6	34
	4. FATHER'S NAMERIST WALTE		MIDDLE	TOLLE	Y	15. MOTHER'S	FIRST	AME		MIDDLE EMMA	LINE		PA	RKE	R
	60 WAS DECEAS	ED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMA	NT (dau	ehte	er)	ADDR	ESS 2	1634			
	NO OR UNK	(IF YES, GE	VE WAR OR DATES)	212-16-7	908A		Beatri			ting			ing	Cre	ek Md
	7 90	DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (o)	Ine for (a), (b), one PRO TO	OUN					HGR			APPROXIMETWEEN O	MATE INT	ERVAL ID DEATH
	gove rise couse (a underlying		(c)	r as a conseque											
		OST BI		OF UF	PEGE		RISMIT	_	DISEASE	ORCON	DILION	SIVEN IN I	'ARI Ito		
7	CERTIFICATION  STATE O  STATE	POPERATION		TION FOR WHICH		<u> </u>	7-0	20	AUTO		IN CER	ES, WERE		OF DEA	ATH?
	21a ACCIDEN	T WAS UNDERLYING	21b. TIME O	F IN ILIRY		Tale HOW IN	JURY OCCUR		S	NO .		YES	Dant O	NO	
4		TING CAUSE OF DE	ATH HOUR A.	M. MONTH DA		0		Hou		OUT		_	51136	5	FALL
	OR CONTRIBU	OCCURRED  NOT WHILE  AT WORK	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211. LOCATION STREET	N			CITY OR TO	NWC	CO	UNIY		STATE
7		that On this hosp	ital) attended the	e deceased from_	12	- 125	, 1953	, t	0	12	126	19.83	5 , 1	hot (1)	(we) lost
7	saw th	e deceased alive or	ot) view the body	olter death	3, or	d that in (my)	our) opinion	n deoth	occurre	d on the d	lote and h	our and fi	om the c	ouses s	toted
	276 SIGNA	liai a	Mis	Shows		DEGREE	TTENDING PHYSICIAN	( ME	DICAL ECTOR [	STA	IFF CIAN 🗍	22	C DATES	Z6	/03
	On	IAN'S NAME (TYPE OF	Λ.	1 CHAEL	)	226 ADDRES	3 6	SUR	N.	ST.	0	am !	कि श	260	ME
1	23a. BURIAL, CREA	AATION, REMOVAL	23b. DATE	23 <sub>C</sub> N	AME OF C	EMETERY PR	KAKAKAKA	23	d. LOCA	TION		CONN	TV		STATE MC
		RIAL	Dec	29-1983 H	inet er	Momor	tel Ch	urch		Fish:	ino C			aha	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospital ar

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, or

markedor

CURRAN FUNERAL HOME.

24. FUNERAL DIRECTOR

ADDRESS 308 HIGH

DEC 2 9 1983 CAMBRIDGE, MD. 21613

		Long Long	144	
	2, 1693	. 1.5.1	, , ,	
Marchio Juc				GE-17912
1200				Charles The Control
YARV LOW LINES LO	7.	Asses William	astroniu iu si	GILL IVEN
REMAN SMALLER Cook		VILLET		RET JAN
or Britishian, Tishtop Creek,		# F2061-F277		J.
			and the	

AURIAN FORERA IDEE ACTO, 1903 NOTES AND ACTOR CHIEF CHIEF, Oreck, Oreck,

X	1/-	FOR STATE REGISTRAR	04 G#50	D	STA EPARTMENT OF I DICAL EXAMIN	HEALTH			ATH	<b>3</b> 2.	9 0		
3. S. S. F.		CEASED NAME FIRST Walter		Solomon Ross				20. DATE KNOW OF ESTI DEATH MATE	12_	-25 19 83	2b. HOUR		
HE STATE OF THE ST	3. SEX		GRO S	DATE OF BIRTH	912 6. AGE (IN YEAR )	AY) MONTH		UNDER 24 HRS DURS MIN.	PRONOUNCED DEAD	12-	-25 19 83	2d. HOUR	
1	7a. B	RTHPLACE (STATE OF REIGN COUNTRY)	d.	U.S.		8. MARRI WIDOW	ED NEVER	MARRIED	9. BALTIMORE C	hester		MD.	
3	1	ty or town of d Cambridg	е	Dorches	ITAL, NURSING HOME ILITY, GIVE STREET ADDRESSI TOP GONES	ral	R INSTITUTION NO SPIT	al Re	SUAL OCCUPATION RMOST OF WORKING LIFE	oacher	OR INDUSTR	Υ	
HETAIN HOUTO RECORD	USU/ 13a. S			hester	RESIDENCE REFORE ADMISSI 13 CHY OR TOWN		13d. INSIDE CITY L YES A	IMITS?   13e. ST	PETTADDRESS Mace	ts Lar	216 ne Camb	., Md	
197		John		WIDDLE	Ross			IS. MOTHER'S MAIDEN NAME MIDDLE			Johns	Johnson	
PAGES DIVISION		VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARME (IF YES, GIVE WA		220-10-6				Ross		1613 20's La:	ne	
IEF MEDICAL EXAMINER ALONG SED AS A BURIALITRANSII FERMI F HEALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL	NO	Conditions, if gove rise to cause (a) statillying cause los	ony, which immediate ag the under-	CAUSE (a) C  OUE TO, OR A  (b) DUE TO, OR A	OPONARY  AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE TERM	OF OF		VEN IN PART 1 (a).	4		APPROXIMATE BETWEEN ONSET FIRM MI		
H-00-	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORME	D?			20. AUTOPSY?	NO X	
HOULD BE TO BURN		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEAR	21c. HC	W INJURY OC	CCURRED (ENTER	R NATURE OF INJURY IN I	TEM 18 PART 1 OR PA	RY 2)		
RWARDED T PAGE 3 SHI STATE DEPA 21201 PRIOR	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	CO	YTHU	STATE	
VERAL DIRECTOR: DEATH, WITH THE ORE, MARYLAND,	/	death resulted from	John	n Mace	Jn. M.B.		Hamicide TITLE (SPEC	uty me Cambri		and in my op  ,  DATE SIGNE	12/2	27/83	
BATER BALLER	(:	JRIAL, CREMATION PECIFY) Buri	al /	2-29-8	Betha.	L A.	M.E. C	em. Ca		rchest		ď.	
DHMH - 17 R A15 ME (5)) 15M 7/76	74. F	ardley	Fun'l	Mome and Ta	mbridge,	Md <sub>1</sub>	613.IAN	0 -	84 Solar 25b.	REGISTRAR'S S			

remove to the later for the remove the . The small state of the second state of the second TANANCE ENGLISHED TO THE PROPERTY OF THE PROPE DEAD START AND STREET, CALCULATION STORY OF THE SECOND

I formante.		OR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	00	Cin	6, 1	
	- S1	GISTRAR		ME	DICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH	REG. NO.	4.4 gg M	A	7
(M)		ASED NAM	E FIRST JOHN	ERIK	ALLEN		ARK	OF.	ESTI- H MATED	DAY	YEAR 183	P. M
X 2 2 2 2 2	3. SEX		4. RACE	5. DATE OF BIRTH		EARS IF UN				NTH DAY	17	2d. HOUR
DIRECTOR F		le	white	11 19 19	1966 17			MIN. PRONO	UNCED	. 4	183	9:45
WD. 21201  1. IF ANY DELAY IS NECESSARY, PE 2, AND 3 TO THE FUNERAL DIRECT 1. 3. RETAIN PAGE 5 FOR YOUR 2. SHOULD BE FILED, WITHIN 72 HA 1. RECORDS, 201 W, PRESTON STR	FORE	IHPLACE (S IGN COUNTRY) Md.		76. CITIZEN OF W	A.	WIDOW		ED 🗆	Dorche:	ster		PIVI MD.
ELAY IS TO THE F PAGE SE FILED	Ca	or town	dge	210 Ki	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS 11arney I	Rd.	ER INSTITUTION	FOR MOST OF W	UPATION (TYPE OF W ORKING LIFE) dent	/ORK 12b. K	IND OF BU OR INDUSTR	SINESS
21201 AND 31 RETAIN HOULD HOULD	USUAL 13a. STA	RESIDENCE Md.	136. COUN		Cambrid	je	13d. INSIDE CITY LIMITS?	13. STREET ADD 210 K	illarney	Rd.	216	13
RE, MD. SES 1, 2, A PM 3, A AND 2 SAND 2 SAN	14. FAT	HER'S NAM John		MIDDLE	Ruark		15. MOTHER'S MAIDE FIRST Gloria		MIDDLE	Hur	cley	
PAGORA ONO ONO	16a W	AS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT		ADDRESS	11.0		
BALTIMORE, S. AFTER DEA GIVE PAGES TITH FORM P PAGES I AN WISSION OF U		NO, OR UNKN	1 100		212-94-	0294	John W.	Ruark	Item			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  13. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF  14. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2,  15. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3.  15. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI  15. STATE DEPARIUM OF HEALTH AND MENTAL HYCIENE, DIVISION OF WITAL.  16. 21201 PRICE TO BURNAL, CREMATION, OR REMOVAL.		Candition gave r cause (o lying ca	IMMEDIA  IMMEDIA  ons, if any, which ise to immediate ) stating the under- use last.	D BY: TE CAUSE (a)	E FAT (a), (b), and (c).)  IN Shot V  AS A CONSEQUENCE  AS A CONSEQUENCE	OF OF	, brain	DT 1		86	approximate tween onset  1 hr	
VITAL RECORDS. SHOULD BE EXECTORED STATE MEDICAL CHIEF MEDICAL F. USED AS A BUR TO F. HEALTH AND URAL CREMATIC	N O		F OPERATION		TION FOR WHICH OPI			KI I VUI.		20.	AUTOPSY?	мо 🌠
W S E S E S E S E S E S E S E S E S E S		21a. EXTERN	AL CAUSE WAS	216. TIME O	FINJURY	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART 1	OR PART 21	TES 🔲	NO E3
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE TO THE CHIE RES SHOULD BE USE TO EDPART IN IT OF HE	3	UNDERLYING CONTRIBUT	G OR OR OF OCCUPRED		PM 12-40	3 Sh	ot self v					
DIVIS THIS CER WRITIN WARDED PAGE 3 TATE DEI					TORY, FARM, ETC.)	210	Killern			dge,	Dor.	Md.
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. A SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIF BALTIMORE, MARYLAND, 21		220. I cert death resul ACTUAL SIGNATURE XAMINER'S TYPE OR PR	ted fram: Natu	ral causes .	r. Md.	Suicide X	Hamicide TITLE (SPECIFY) Deputy  ADDRESS C	UndeterminedMEDICALEX, ambridg	manner	my apinian DATE DIGNED	2/6/8	33
BP	23a.BUI	buri	TIÓN, REMOVAL	12/7/83	23c. NAME OF C		Mem. Pk	23d. LOCATION CITY OR TOWN		county	st Md.	ATE
DHMH-17 (VR A15 ME (5) ) 15M2/80		VERAL DIRE					25a. DATE F	1 1983	RAR 256. REGISTRA			

.....

. Francis and the coast governor at the coast about the contract of the cont AND AND A SELECTION OF THE SECOND SECURITY OF THE SECOND S And all the second the control of the second the second

8 9	FOR - STATE		DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENT		8 3	3 3	3 2	9 2
9-1	REGISTRAR				ATE OF DEAT		REG. N			
m 5	1. DECEASED NAME	FIRST	MIDDLE	LAS	T-PART	20 D	ATE OF DEATH	MONTH DAY	. 1	2b. HOUR
be o		1) ANIEL	Henry	Ku	٤ Jr.			1 19	. 84	3:4 pm
يَّ مِنْ الْمَ	3 SEX	4 RA	A	5. DATE OF			E (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
softer 4	MAL	٤	CAR	MONTH	Maria Caracteria	EAR / L	7	YRS.	THIS DATS	HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATE OR FOREIGN 76 CI	ITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRI	9 BA	LTIMORE CITY		FDEATH	5 Ac
oth.	Md.		4.5.	WIDOWED			CAM	BRIDGE	= 10	ST CO
中 章	18 CITY OR TOWN C		NAME OF HOSPITAL, NU	RSING HOME OR		ON 12a	JSUAL OCCUPAT	ION		F BUSINESS OR
offer of the	Congress A	84.	INOT IN SUCH FACILITY, GIVES	- /1	RAI HOS	(TYPE	Farmer	SAT F	emplo	ved
ours o	USUAL RESIDENCE	IF NURSING HOME OR OTHER	DORCHESTE		RHI TOS	P	z dznież	0011	OM DIO	you
filled could b	130. STATE	13b COUNTY	13c. CITY OR	TOWN 1	3d. INSIDE CITY LIA	MITS? 13e.S	aple Da	/ ZIP CODE	2	1613
rthin 2 2 shou	14. FATHER'S NAME	DORCHE	SIE CAMP	7	YES NOZ		apre De	ani Nu.	4	1012
	FIRST	MIDDLE		SAL STATE	EIDS 7	DEITTAME	MIDDLE		Smit	h
comple Comple	Dani		di .		Sue		ADDR	15.00	SHITE	.11
n ond c	(YES, NO OR UNKNOW	EVER IN U.S. ARMED	OR DATES)		7 INFORMANT					
rs. Po	No		217-3	6-0719	Alva W.	. Rue	Rt 1 1	Box 69		ridge
is that the death certificate ed by the ottending physicipleose remove carbon appearing, cremoval.	underlying	f ony, which immediate stating the couse lost.	DUE TO, OR AS A CONSI	EQUENCE OF	OTRELATED TO TH	ACA J	DISEASE OR COM	O LU	IN PART IIO	p
significant signif	200	Preche	200000	Per	Podooo	0				
The low rection.  te has been sait permit.	STORY OF THE CALL OF CO. THE CALL OF CALL OF CO. THE CALL OF C	PERATION	CONDITION FOR WH	HICH OPERATION		ΥĒ	AUTOPSY?	IN CERTIFYII		
Z & S O T &	OR CONTRIBUTION	G CAUSE OF DEATH	TIB. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED (	ENTER OF INJURE OF INJU	URY IN ITEM 18 PART	I OR PART 2}	
this the bund M	21d INJURY O		P.M.  Ple. PLACE OF INJURY (AT HOME STREET FACTORY, OF		THE LOCATION		CITY OR TO	OWN	COUNTY	STATE
TEN TOR or us or He			ottended the deceosed from the body ofter death.	11/	that in (my) (our)	opinion deoth	occurred on the c	2, 19 dote and hour o	nd from the c	
Al OR the he hal OR AL DIRE	22b. SIGNATU		elle	0			DICAL STA		22c. DATES	12.81
TO HOSPITAL TO FUNERAL should be der with the Stote		V'S NAME TYPE OF PRINT	WILLE		22e. ADDRESS	200	Rula	101	ANE.	
F 2 F 8 7 =	23a. BURIAL, CREMA				METERY OR CREMA		LOCATION CITY OF TOWN		OUNTY	SIAJE
BP	bur		1/14/84	Trinit	y Church	40		h Cree		. Ma
DHMH - 16 50M 4/83	24. FUNERAL DIRECT		4000				D. BY REGISTRAF	25 DEGISTRA	R'S SGN	The late
(VRA 15, 4)	THOMAS	FUNERAL I	HOME CAMBF	RIDGE MI	0.	JAN	1 9 1984	10	-0	

STORE OF BUILDING PLANT AND THE RESERVE AND THE PROPERTY OF THE PROPER AND ASSESSED TOTAL CONTRACTOR STATE

	1 - 5	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
# 4. 8. 8. E.		EASED NAME OR PRINT)	rold Pre	Preston Sanders  LAST  20. DATE KNOWN OF ESTI- DEATH MATED				STI- X	MONTH Dec.		83 2b. HOL	JR P. M		
RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS	3. SEX	ale Whi	MON	5. DATE OF BIRTH OAY YEAR 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 16. DATE MONTH DAY YEAR 1916 67 YRS. 1916 DAYS HOURS MIN. 1916 DEAD DEC. 1916 DEAD DEC. 1916 DEAD DEC. 1916 DEAD DEC. 1916 DEC. 19				MONTH 19	DAY 1	83 2d HO	JR M			
ECESSA JNERAL FOR Y FOR Y	BIRTHPLACE (STATE OR OREIGN COUNTRY) Choptank, Md.			TT C A			RIED NEVER MARRIED DONC COU			-	Y OF DEAT		AD.	
PAGE 5	10 CITY OR TOWN OF DEATH Federalsburg			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Rt. 1, Box 1934 - Reliance Road  Manager - Clothim							2b. KIND C OR IND	F BUSINESS USTRY	<u></u>	
ANY DE AND 3 TO RETAIN POUD DE	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 138. COUNTY 136. CITY OR TOWN 136. INSIDE (IT LIMITS? 130. STREET ADDI											16	32	
090		20.000	Raymond	MDDLE LAST FLORENCE Helen Coulborne					EAST					
URS AFTER GIVE PAR WITH FOR WITH FOR DIVISION		YAS DECEASED EVER (S. NO, OR UNKNOWN) Yes	(IF YES, GIVE WAR OR I	WAR OR DATES)			Bessie (	Betty	1	address <sub>H</sub>		, Box		•
EXECUTED WITHIN 24 HO IG" IN PERCIL IN ITEM 11 CAL EXAMINER ALONG A BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, ION, OR REMOVAL.		18. CAUSE OF DEAT PART I DEATH W  Conditions, if a gove rise to cause (o) stoting lying couse lost.  PART 2 DINER SIGNIFICANT	AS CAUSED BY: IMMEDIATE CAU iny, which immediate the under-	SE (o) COP DUE TO, OR AS (b) DUE TO, OR AS (c)	ONBRY OF A CONSEQUENCE	OF OF		PART 1 (o).					Min	_
HIEF MEDIN USED AS A USED AS A	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDITIO	N FOR WHICH OPE	RATION W	AS PERFORMED?					20. AUTO		-
FICATE SH THE WOR OULD BE THE C		210. EXTERNAL CAUS	OR	21b. TIME OF IN HOUR A.M. A P.M.	IJURY MONTH DAY YEA	21c. HC	OW INJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PAR			<u>×</u>
AL EXAMINER: THIS CERTIFICATE, WRITING FOULD BE FORWARDED TALD BE FORWARDED TALD BE AND THE STATE DEPAIR, WITH THE STATE DEPAIR, WARYLAND, 21201 PRIOR	MEDICAL	21d. INJURY OCCURP WHILE NOT AT WORK AT W	WHILE CORK	21e PLACE OF STREET, FACTOR	INJURY (AT HOME, Y, FARM, ETC.)		CATION TREET		CITY OR TOWN		cou	NTY	STAT	E
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion death resulted from: Natural couses X. Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL  M.D. Deputy MEDICAL EXAMINER  DATE SIGNED 12/21/83												
O MEDICAL XECUTE THE AGE 4 SHO O FUNERAL NF FF FEET THE		EXAMINER'S MANY	Dr. Joh	n Mace,	Jr.		ADDRESS 604	Church	st.,	Cambr	idge	, Md.	21613	
EXE PAG TO TO BAF		JRIAL, CREMATION, R			23c. NAME OF CE			23d, LC CITY	ORTOWN	0	COUN	TY	STATE	

BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/76

Burial | Dec. 22,1983 Choptank Cemetery

24. FUNERAL DIRECTOR Federal Sburg, Md. | 1250 DATE RE
Framptom-Hawkins Funeral Home, 216 N. Main St. DEC 2

Choptank, Caroline, Paryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

which is the state of the state of the A part of the state of and the second s trans training residently the surface to the cost of the cost of the cost of

//	100		STATE OF MARYLAND	8 3 3	3 2 9 4
	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TGIENE	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
er death	1. DECEASED NAME FIF	ST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	Mos		Spicer		07 83 10 PM
15	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MAN.
5.	M	Black	2-26 97	O G YRS	
5	BIRTHPLACE ISTATE OR FOREN		MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
5	Donchester	3 USA		Manhinge Donchi	ester Co MD.
10	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	ISING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
7	Comb Ridge	mi Denckerter	Floreral	Reflied	
20	THE TALE THE NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS / ZIP CO	DF 21612
5	md) 1	Jorch Camb		1858 PAYK LAN	Con the Contract of the
9	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	0.6 -1457 4
$\mathbb{Z}$	FORTUNE	Sa	r Julia		Stafford
/	160 WAS DECEASED EVER IN L	.S. ARMED FORCES? 16 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS CA	mondge, Md
	NA	220-0	-1959 Moses So	100 r JUNION 7119	Treexward AUE.
	18 CAUSE OF DEATH (E	nter only one couse per line for (a), (b)	ondicial . a L		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	AUSED BY:	andine ithrest		
	4292	DUE TO, OR AS A CONSE	QUENCE OF , - /.	1 1 .	
	Conditions, if any, wh	ich ( (b) Anterio	scheite CANCION	asoudon deseige	
	gave rise to immedi- cause (a), stating		QUENCE OF		
	underlying cause li	(c)			
		ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	GIVEN IN PART LIO
	o (mae dec	ubities alconless his			
17	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
1	RTI				YES NO
9	00.000 170.00 170.10		DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
	LIF EITHER, NOTIFY MEDICALE	(AMINER) P.M.	19		
	UF EITHER, NOTIFY MEDICALE:	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK				
		hospital) attended the deceased from	0 2	3 , to 12-1-	_, 19, that (I) (we) lost
	sow the deceased o	ive and 17-7-1 did not/view the body after death.		on death occurred on the date and h	aur and from the causes stated
	22L SIGNATURE	1. E)	DEGREE	AMEDICAL STAFF	22c. DATE SIGNED
1	A	fater		DIRECTOR PHYSICIAN	12-10-83
	224 PHYSICIANS NAME	Trace on Penalty	27e ADDRESS	R-1	11
	d. Edes	à l'assett	150-184	C576 Franke	de end.
	230 BURIAL, CREMATION, REM		NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY 44 STATES
	DUTIAL	12-16-83	sethel Cemetar	y LAmbridge	MALY/AND
3	FUNERAL DIRECTOR	- ADDRE	250	DATE REC'D. BY REGISTRARITS TO THE	STRAR'S SIGNATURE
	(1) llean, Xis	Day 1639 n.	Drodway	) LU I U 1900	my coming

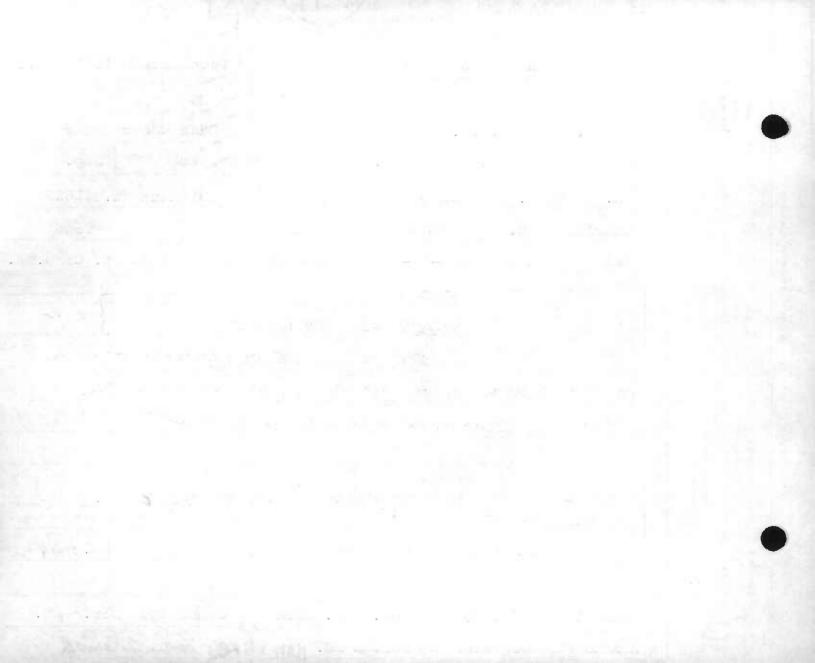
washing we eaching は 18 - SE 11 シルン 年 5 The state of the s THE PARTY OF THE P Supplied the state of the state The state of the s Link general without Isatoll Ext. It All I AMU March 2 198 6 1-130 your I ill P.S.A. such is minited

SBNG TELLIAM AND LA The state of the state of I Was a for the filler of the second of their all Environment of the state of the E STALLS AND A DESCRIPTION STORY AND A STORY OF THE STORY Day Took day of mages V bender 05 Charleson But a long Fundiculations Company DARD & RESIDENCE COLUMN

STATE OF MARYLAND

AT DRIVES ENVEYOR CONTRACTOR OF THE RESERVE OF The second of the second The state of the s

	1 DEC	CEASED NAME FIRST	WIDDIE		LAST	REG. NO.  2a DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
3 8 8		John		Todd		December 10		
(M)	I SEX	male	white	12 DATE (		6 AGE (IN YEARS LAST BIRTHDAY)  66 YRS.	IF UNDER 1 YEAR IF UNDER 2	
	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT BRAKE Dore	Y OF DEATH Chester	
	1	TY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NUR	SEET SOCRESS)		12a USUAL OCCUPATION (TYPE OF WORKING L	126. KIND OF BUSINES	
22 felled in 1972	USU / 13a. S	AL RESIDENCE (IF NURSING HOME) TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BE JUSTY 130 CITY OR TO Cambr	idge	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 701 Race	St. 21613	
100 per	14 FA	THER'S NAME Charles	M. Tod	.d	15. MOTHER'S MAIDEN NAME FIRST		Todd	
n and Pages	16a V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G Yes	RMED FORCES? 166 SOCIAL SE WE WAR OR DATES) 220-10		Diana Tode	d 219 Willis	St. Camb.	
ertificate by physicia on papers.		PART I. DEATH WAS CAUS	anly one cause per line for (a), (b), SED BY: ATE CAUSE (a) SHOC				APPROXIMATE INTERV BETWEEN ONSET AND D	
e death cert to attending mave carbon attan, ar re traumatic e		532 Canditions, if any, which	DUE TO, OR AS A CONSECUTED TO THE CONSECUTED TO	DUENCE OF_	HEMORPHA	(eE	1 × 1h	
hat the de by the at ase reman ), crematria		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			or PANCREATTICE	A montas	
equires the signed to the pleater to burial injury, or or and the signed to the signed	NO	PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	inal disease or condition GI	VEN IN PART 1(a)	
s bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	4 -		200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH	
IAN: The physicia physicia rificate Pitransit al Hygie m 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR		YES NO Y RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
HY ndii	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	R) P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STA	
ATTENDING Pospital or atterval of the result		22a.1 certify that (1)(this has	pital) attended the deceased fram		nd that in (mg) (over) apinian	death accurred on the date and ha	, 19, thatw ur and from the causes stat	
OR ATTR be hospith DIRECTC ached for Dept. of If them 21		saw the deceased alive as 12 G 19 83, and that in my (aux) apinion death occurred on the date and hour and from the causes stated above. (P) worldid lidit and view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN OF DIRECTOR PHYSICIAN 1						
the hall of the hall of the hall of the beat the beat is if the	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	22e. ADDRESS	- DIRECTOR - PRISICIAN	1 47171	
TO HOSPITAL OR A retained by the hoo TO FUNERAL DIRES should be detached with the State Dept IMPORTANT: if them								



2	1.	FOR STATE	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC	SIERE 5 3	3 2 9 8
9		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2
	I. DE	CEASED NAME FIRST SE	muel MODIE Green	WILLIAMS	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
th 3	LITTE	Semuel Semuel	G. G.	Williams	17	11 83 7:25 PM
nay be page 3 r death	3 SE		4 RACE	E DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ter ter	3 30	Male		AND DAY YEAR	AGE (INTERNSTAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
age ectro		I die	Caucasian	Q 23 1905	18 YRS.	
dir. P	70. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
uneral n 72 h		VIRGINIA	U.S.	WIDOWED DIVORCED		ester Md. MD.
afte he f iithi	10, C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING)	12h KIND OF BUSINESS OR
hours a hours a hours a hours a	C	ambridge Mdf	Eastern Share H	ospital Center	Retired Foreman	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed whicin 24 hour attending physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled ith and Mental Hygiene prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event, the medical examiner must	130	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		130. STREET ADDRESS	1
Z E E		A V. I	The late of the la	RINGS YES   NO KOK	Spring Grove Ko	21837 1 NS
ARYLA d wing 2 short al exan	14. F/	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
MAR unple day	1 6	2-1-1-1	MIDDLE	ASPENSE IL	MIDDLE	Ast Ast
A Some Some Some Some Some Some Some Some		lobert tr	110015	ams NEII	ADDRESS	Meadows.
MORE be exe and e ages 1 the m	180 (	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT SON		( ) . 11 . 1
Pag Pag	1:4:	4ES 192	1-25 164-01-5	596 Kober Williams	P.O. BOX 264	Centreville Ma
ALT icati ers. val.		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	lies ()		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
srtif pap pap mo ic e		PART I. DEATH WAS CAUSE	D BY:	rrest (Presumed)		uncertain
h ce ng r on l		IMMEDIAT	ECAUSE (a) ( ATTAIRC !T	rest [lesurea)		KACELTAIN
eath leath n, o n, o raun		4292	DUE TO, OR AS A CONSEQUE			
arte de		Canditians, if any, which	( 16) Congestive	Heart Tailure		allyr.
PR at the smoon outh outh		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF	1	
S the series of the state of the series of t		underlying cause last.	Generalizer	Sustemic Atherosch	Protic Cardiovascular	Diese Urecein
ned oleasuria		PART A CTUER CICAUSICANIS	(1)			
sign sign or by	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO L	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART T(a)
aw aw	15	Uncertain; Di	enile Vementia			
FC he I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
A: The let has permisene it show	E	NIA	NIA			ES T NO T
VITAL RE CIAN: Th cican. tificate ha insit perm insit perm Hygiene H 18 shor	18	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
SIC SIC ysic trar trar tal I ten		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		
VISION OF VIT ING PHYSICIA ending physicia (fer this certific the burial-trans) is and Mental Hy larked or Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. VO/A	19 N/A		
NG P nding frer ti he bu and N	1 B	21d. INJURY OCCURRED	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Aft the h and mar	-	AT WORK AT WORK	A N/A	NA		
ENDING or attending 18: After the beas the beath and is marke		220.1 certify that (1) (this haspi	tal) attended the deceased fram	ecember 9 1953	to becomber 1	19 3 that (1) (we) last
Trus along the state of the sta		saw the eleceased alive an abave. (IV(we) (did) (did no			death accurred on the date and ha	ur and from the causes stated
R R E G foot of the spirit	- 100	abave, (IV(we) (did) (did no	t) view the bady after death.	DEGREE		22c DATE SIGNED
FALOR AT the hospital ALDIRECT stached for use Dept. of		THE SIGNATURE	of the same	ATTENDING	MEDICAL STAFF	M. DATE SIGNED
TA th		(Marles 1	agan MD	PHYSICIAN [	DIRECTOR PHYSICIAN	12/11/83
d by d by Dee C		224 PHYSICIAN'S NAME (TYPE OF	RPRINTY	22e ADDRESS	^	
TO HOSPITA retained by the TO FUNERAL with the State with the State MPORTANT.		Charles K	adan MD	P.O. Box 800	2 (smbridge	Md 21/-13
TO HOSPITAL OH ATTEN retained by the hospital or a TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Hea IMPORTANT: If Item 21 is	720 5	BURIAL, CREMATION, REMOVAL			123d LOCATION	1 44 6 10 10
	230. (	SPECIFY)	Ri	AME OF CEMETERY OR CREMATORY Egelsville Union	CITY OR TOWN	COUNTY STATE
BP	_	Burial	Dec. 14, 1903	Cemetery		Bucks Co., Pa.
DHMH-16 25M	24 FI	INERAL DIRECTOR Barto	n Funeral Home		E REC'D. BY REGISTRAP 756. REGIS	TRAR'S SIGNATURE
(VRA 15, 4) 1/79	J:		Jr., Centrevill	e. Md. 21617 DEC	1 5 1983	thuck .
			,			

.... c. indicated and interest of 1,-1. Lares h. section, dentrevalle, de. 21t19 OEC 1 5 883 July & Court